

**INITIATIVE PETITION
TO THE SECRETARY OF STATE,
STATE OF NORTH DAKOTA**

We, the undersigned, being qualified electors request the following initiated law be placed on the ballot as provided by law.

SPONSORING COMMITTEE

The following are the names and addresses of the qualified electors of the state of North Dakota who, as the sponsoring committee for the petitioners, represent and act for the petitioners in accordance with law:

Reed Soderstrom, Chairman
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Fargo ND 58103

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Minot ND 58701

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Walhalla ND 58282

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Fargo ND 58104

Nicolette Bergman
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Manvel ND 58256

Michael A Bryan
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Sara Highum
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Minot ND 58703

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Cavalier ND 58225

Clay A Horter
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Grafton ND 58237

Shelli Gates
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PETITION TITLE

This initiated measure would add a new section to article VIII of the North Dakota Constitution providing that the University of North Dakota and its intercollegiate athletic teams shall be known as the "Fighting Sioux."

FULL TEXT OF THE MEASURE

IF MATERIAL IS UNDERScoreD, IT IS NEW MATERIAL WHICH IS BEING ADDED. IF MATERIAL IS OVERSTRUCK BY DASHES, THE MATERIAL IS BEING DELETED. IF MATERIAL IS NOT UNDERScoreD OR OVERSTRUCK, THE MATERIAL IS EXISTING LAW THAT IS NOT BEING CHANGED.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF NORTH DAKOTA:

SECTION 1. A new section to Article VIII of the Constitution of North Dakota is created and enacted as follows:

The University of North Dakota and its intercollegiate athletic teams shall be known as the "Fighting Sioux".

INSTRUCTIONS TO PETITION SIGNERS

You are being asked to sign a petition. You must be a qualified elector. This means you are eighteen years old, you have lived in North Dakota thirty days, and you are a United States citizen. All signers must add their complete residential address or rural route or general delivery address and the date of signing. Every qualified elector signing a petition must do so in the presence of the individual circulating the petition.

QUALIFIED ELECTORS

Month, Day Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State Zip Code
1.			
2.			
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Month, Day Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State Zip Code
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Month, Day Year	Name of Qualified Elector	Residential Address or Complete Rural Route or General Delivery Address	City, State Zip Code
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STATE OF NORTH DAKOTA)
COUNTY OF _____) ss.
(county where signed)

I, _____ being sworn, say that I am a
(circulator)
qualified elector; that I reside at _____;
(address)

that each signature contained on the attached petition was executed in my presence; and that to the best of my knowledge and belief each individual whose signature appears on the attached petition is a qualified elector; and that each signature contained on the attached petition is the genuine signature of the individual whose name it purports to be.

(signature of circulator)

Subscribed and sworn to before me on _____, 201_, at _____,
North Dakota. (city)

(NOTARY SEAL)

(signature of notary)
Notary Public
My commission expires _____